

# Gateways School-Age & Youth Development Credential

## Work & Practical Experience—Verification Form

Please complete this form to validate your work experience with school-age and youth ages 5 through 16.

### Personal Information

Name: \_\_\_\_\_ Registry Member ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Please indicate age groups served (Check all that apply):    5–8        9–12        13–16

Hours per week: \_\_\_\_\_ x Weeks per year: \_\_\_\_\_ x # of years: \_\_\_\_\_ = Total Hours: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Please indicate age groups served (Check all that apply):    5–8        9–12        13–16

Hours per week: \_\_\_\_\_ x Weeks per year: \_\_\_\_\_ x # of years: \_\_\_\_\_ = Total Hours: \_\_\_\_\_

### School-Age and Youth Development Experience Verification

#### Contact Information

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

#### Signature and title of contact who can verify your work experience (other than yourself):

\_\_\_\_\_ Date: \_\_\_\_\_

I verify that I have read, and understood this paragraph and that all the employer and employee information provided herein is true and accurate. Additionally, I verify that I have not manipulated employee job titles or descriptions in order for the named employee to become eligible for a Gateways Credential. By signing below, I understand the Illinois Department of Human Services (IDHS) and INCCRRA will use my signature as authorization to review the employer and personnel records and any other applicable files and records. IDHS may ban employer participation if an employer has submitted false or misleading information and or documentation, or manipulated employee information in any manner.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I verify that I have read this paragraph and that all information provided is true and accurate. By signing above, I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted. I understand that any false or misleading statements or subsequent documentation may constitute grounds for denial or subsequent withdrawal of any Gateways to Opportunity Credential. Additional information may be required.